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Bib Data Sheet

**CONFIRMATION NO. 8347**

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	RULE			

**APPLICANTS**

Eric Herbst, North Haven, CT;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 05/08/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	DRAWING 5	CLAIMS 30	CLAIMS 3
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Foot operated flushing apparatus and met hod

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